Work Flow: Crisis Intervention following Screening for Perinatal Mood and Anxiety Disorders (PMAD)

Further assess positive response to #10

- Is client having active thoughts of harming self or others?
- Does client have a plan for causing harm to self or others?

Active thoughts or plan of self-harm or harm to others

NO

Arrange for same day or next day appointment (per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)

- Ask client to verbally contract for safety
- Discuss need for immediate appointment and follow-through
- Assess if client is currently seeing a mental health provider or if requires a new referral
- Provide client with local *Mental Health Resources directory* and identify available services/providers
- Schedule same day or next day appointment with mental health provider
- Refer to OB/GYN or primary care provider for follow-up
- Assure client has support person available to her and emergency plan in place in the event feelings/thoughts worsen
- Document event/intervention (including client's denial of current thoughts or plan)
- Fax EPDS and documentation to providers

YES

Arrange for emergency services
(per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)

- Discuss need for emergency services
- Identify emergency service options per local *Mental Health Resources directory* and local policy and procedure
- Assess if client is willing to accept services

Willing to accept emergency services?

YES

If client accepts emergency services/treatment:

- Assess if client has support person available to transport to emergency service location
- Verbally contract for safety
- Arrange for transportation

NO

If client refuses emergency services/treatment:

- Have client sign *refusal of transport for evaluation* form
- Call for transport to facility i.e. hospital ER by law enforcement officer as per local protocol for mental health evaluation non-compliance

- Stay with client until arrangements are made for client safety
- Collaborate with client for care of child/ren (if applicable)
  - Consider friends, relatives, neighbors
  - Local emergency shelter or law enforcement if no other options
- Document to complete the intervention, including:
  - Client condition
  - Contacts made
  - Arrangements made
  - Time of events
    *Send copy of documentation to applicable providers
- Contact care provider (primary care, OB, and or mental health provider) to inform of situation

***Contact supervisor at any point in this process (per agency policy)**

Follow-up

Debrief with supervisor

Contact mother next business day:

- Provide support
- Obtain updated status
- Plan for ongoing follow-up visits (by self or partnering program staff, as applicable based on available resources - Make warm referral if necessary to refer)

On follow-up visit with client:

- Continue to evaluate mental health status
- Discuss experience
- Determine plan for mental health follow-up
- Help problem solve issues with accessing appropriate care
- Get signed consent from client for follow-up communication with OB/Primary Care Provider and Mental Health Provider
- Stay focused on purpose of keeping baby and mom safe

Keep in touch with assigned therapist/provider:

- Minimum of monthly contact until mother is stable as determined by therapist/mental health provider

Adapted for use by Kansas Maternal and Child Health programs by the Kansas Department of Health and Environment, Bureau of Family Health, with review, recommendations, and endorsement by the Maternal Depression Screening Workgroup. Credit is given to the Minnesota Department of Health for their work to create the Crisis Intervention Algorithm. www.health.state.mn.us/divs/cfh/topic/pmad/content/document/pdf/crisisalg.pdf

Revised 09/2018